



Honahlee, PC

## MARE CONTRACT

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone H: \_\_\_\_\_ C: \_\_\_\_\_ B: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mare's registered name: \_\_\_\_\_ Barn name: \_\_\_\_\_

Breed: \_\_\_\_\_ Registration # \_\_\_\_\_

Tattoo: \_\_\_\_\_ Brand: \_\_\_\_\_ Location: \_\_\_\_\_

Age: \_\_\_\_\_ Color: \_\_\_\_\_

Markings: \_\_\_\_\_

Coggins: \_\_\_\_\_

Is this horse insured? \_\_\_\_\_

### **Vaccination date**

Mare

Foal

◆ Tetanus	_____	_____
◆ Rhino	_____	_____
◆ Influenza	_____	_____
◆ Rabies	_____	_____
◆ EEE/WEE	_____	_____
◆ WNV	_____	_____
◆ EVA	_____	_____

LAST DEWORMING \_\_\_\_\_

\_\_\_\_\_

### **FEED**

What do you feed your mare and how often? (Oats, LMF, grass/timothy and alfalfa hay are available. You are welcome to bring your own feed.)

If you feed a supplement or daily dewormer, you must provide it.

**EXERCISE**

Do you want your mare (check one) Stalled\_\_Stall w/daily turnout\_\_pasture board\_\_?

All mares need daily exercise in the form of turnout, riding or lunging. Please describe what you prefer for your horse and whether or not you will provide it or prefer that we do. There are miles of trails on which your horse can be hacked, the use of an indoor arena at a neighboring farm, and an outdoor round-pen for lunging. Also, there are 5 acre fields (4'6" - 5'6" wood fencing) with good grass for turnout if your horse is used to being on grass. On warm nights, the mare is welcome to be out all night with your approval. Please provide your horse's bridle if she is to be ridden.

A hard hat must be worn while riding. NO EXCEPTION

**Please complete if foal by side or mare is in foal**

Foaling Date: \_\_\_\_\_ Gestational Days: \_\_\_\_\_

Problems associated with foaling (ie retained placenta, excessive bleeding, malposition of foal, assistance required, etc.): \_\_\_\_\_

Abnormalities of foal: \_\_\_\_\_

Were the foal and mare examined by a veterinarian within 24 hours of birth? \_\_\_\_\_

Abnormalities found: \_\_\_\_\_

IgG level of foal: \_\_\_\_\_

Tetanus antitoxin: \_\_\_\_\_

**Mare Reproductive History** (Please provide past records)

Previous foals (list dates): \_\_\_\_\_

Any problems associated with foaling? \_\_\_\_\_

Has mare been bred without conception (list dates): \_\_\_\_\_

Abortion (please include cause if known): \_\_\_\_\_

Early embryonic death (before day 50): \_\_\_\_\_

Has your mare been on Regumate or progesterone injections? \_\_\_\_\_

At what stage(s) pregnancy or cycle? \_\_\_\_\_

Has your mare had adverse reactions to any medication? \_\_\_\_\_

Does the mare show heat? \_\_\_\_\_ With foal at side? \_\_\_\_\_

Approx. length of estrous cycles \_\_\_\_\_ days.

Is the mare cycling every 21 days? \_\_\_\_\_

Has an endometrial culture been performed? \_\_\_\_\_ Results: \_\_\_\_\_

Endometrial biopsy? \_\_\_\_\_

Please list any behavioral abnormalities: \_\_\_\_\_

Is the mare/foal on any medication? \_\_\_\_\_ Please list: \_\_\_\_\_

**Stallion information:**

Name: \_\_\_\_\_

Contact person (owner/manager): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/Fax/ Mobile: \_\_\_\_\_

Type of insemination (please check all that apply):

Natural service: \_\_\_\_\_ Artificial insemination: \_\_\_\_\_

Fresh cooled semen: \_\_\_\_\_ Frozen semen: \_\_\_\_\_

Please describe your arrangement with the stallion manager regarding breeding or shipment of semen (ie when is semen available? who calls for it? By what time must an order be placed? If frozen, how many straws are shipped and what size are they? What courier service is used? How long after placing an order will semen be received? Etc.) **Remember to fill out all paperwork and make payments for the semen in advance!** Check and double check that all paperwork is in order.

Please provide any additional information that may be useful:

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-Owner agrees to pay all charges for services under the terms of this agreement on or before the first day of the month following the month of billing, while horse is under the care of Honahlee. Payment is to be made to Honahlee at the address specified in the invoice. The amount of the fees to be paid for the charges are for general services furnished by or in behalf of Honahlee and are to be charged per the fee schedule being used by Honahlee at the time the services are performed. Charges for services not scheduled are to be charged at the usual and customary rates. Any payments not made within (30) days after due shall bear interest from the due date at a rate of twelve percent (12%) per annum. Accounts must be paid in full at time of departure from breeding facility.

-Owner agrees to indemnify and hold harmless Honahlee, its officers, directors, employees, agents and representatives against any and all claims, including third party claims, for injury, sickness and/or death of any mares inseminated by Honahlee.

-Honahlee makes no warranty of any kind whatsoever, express or implied, including but not limited to the fertilizing capacity of any semen processed, stored, or ordered under this agreement, and hereby disclaims all warranties, including WARRANTIES OF MERCHANTABILITY or fitness for a particular purpose.

-Any person signing this agreement as the agent of the Owner warrants and represents that he or she has full, express authority to do so and legally bind the Owner.

**Honahlee, P.C.**

Date: \_\_\_\_\_

By \_\_\_\_\_

Date: \_\_\_\_\_

(OWNER) \_\_\_\_\_

By \_\_\_\_\_